To pander to the morbid propensities of the curious, the managers of the museum have shrewdly clad the parasite in female attire. The boy, whose intelligence is quite remarkable, states that the surgeons who had examined him had generally decided that the removal of the parasite by surgical means would be directly dangerous to his life.

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D., M.R.C.S.,

OF NEW YORK.

The Early Diagnosis of Cancer of the Uterus.

Winter (*Berliner klin. Wochenschrift*, 1891, No. 33) reviews the recent results of extirpation of the cancerous uterus in Germany, showing that the total mortality of the five principal operators is only 8.4 per cent., the lowest being Kaltenbach's (3.3 per cent.). Although a certain number of fatal cases is inevitable on account of the difficulty of absolutely eliminating sepsis, other dangers ought to be avoided by improved technique, so that the mortality can be reduced to 5 per cent. The statistics of high amputation are still better, the Berlin Klinik showing a mortality of 6.5 per cent. (in 155 cases) previous to 1884, since which time no deaths have followed the operation in 64 additional cases.

Unfortunately, the remote results of both operations have not been as favorable as could be desired. A local recurrence (in the cicatrix) can usually be expected within two years at the utmost, while recurrence in the lymph-glands and pelvic connective tissue occurs later. This difference has not been clearly defined in the statistics. According to the writer's observations, after high amputation 38 per cent. of the patients were well at the end of two years, and 26.5 per cent. had no recurrence five years after operation, after which time a return of the disease is exceptional. Fritsch has noted 36 per cent. of cures after vaginal hysterectomy at the end of five years, and Hofmeier 33 per cent. at the end of four.

Only a small proportion of the patients with cancer of the uterus are suitable cases for a radical operation (about 25 per cent.), and if one-fourth of these are cured, it follows that only 7 per cent. of the entire number of cancerous patients are cured. In other words, the diagnosis of malignant disease is not made at a sufficiently early stage, and this neglect is traceable to the general practitioner. "The physician to whom the patient first applies decides her fate in the majority of the cases." Hence it is extremely important that he should be familiar with the initial symptoms. Of these a watery vaginal discharge is the most constant, especially in carcinoma of the portio. Menorrhagia, in a patient whose flow has formerly been normal should

always awaken suspicion and lead to an examination. Hemorrhage after coitus is an initial symptom of great importance, and when occurring some time after the establishment of the menopause it is almost pathognomonic of malignant disease.

Pelvic pain is usually a late symptom, due to secondary parametritis; but intractable sciatica, developing after the menopause, is significant. When a patient with these symptoms applies to her physician she ought certainly to be examined, and if the portio does not present a suspicious appearance, search should be made for cancer higher up in the cervix or corpus uteri. Fragments should be removed for microscopical examination. Patients themselves are often to blame since they defer seeking professional advice until too late, because they have no severe pain, the irregular hemorrhages being attributed to the approaching change of life. It is a peculiar fact that women who have cancer are less likely to fear it than those who have not. In conclusion, the writer urges that both physicians and patients should be trained to recognize the initial symptoms of cancer of the uterus, and to have the diagnosis settled at once.

Pseudo-intraligamentous Ovarian Tumors.

Pawlik (*Centralblatt für Gynäkologie*, 1891, No. 38) reports seven cases which he thus characterizes. They are usually small ovarian tumors associated with diseased tubes, the disease being of puerperal or gonorrhœal origin. They develop posterior to the broad ligament, to which and to the mesovarium they contract firm, broad adhesions; they are also prone to adhere to the sigmoid flexure and to the bottom of Douglas's pouch. They become covered with pseudo-membranes which closely resemble peritoneum, so that they present the appearance of being actually intra-ligamentous. When the broad ligament is split for the purpose of enucleating the tumor, it will be seen that the latter lies behind the posterior fold. In removing these growths it is advisable to tie off the uterine end of the tube first, then to separate the adhesions from behind and below. By drawing the mass upward the adherent peritoneum forming Douglas's pouch will be elongated in such a way as to form a pedicle. Pressure may be advantageously exerted through the rectum by means of a colpeurynter. The writer prefers the latter method to operation in Trendelenburg's posture, since there is less danger of pus escaping among the intestines.

Localized Meteorism in Intestinal Obstruction.

Kader (Inaugural Dissertation: abstract in *Centralblatt für Gynäkologie*, 1891, No. 38) has conducted elaborate experiments on animals, his deductions being as follows: In every case of intestinal obstruction the portion of gut immediately above the point of obstruction becomes distended, but there is no marked increase in the distention in the course of twenty-four hours. When the obstruction is so complete that venous stasis is marked, serious tissue-changes occur in a few hours, which threaten the life of the subject; complete paralysis of the muscle is present and the meteorism is then strictly localized at the affected area, so that it may be readily recognized before the abdomen is opened.

Primary Cancer of the Vagina.

Hecht (Inaugural Dissertation: abstract in *Centralblatt für Gynäkologie*, 1891, No. 38) has made an exhaustive study of the literature of this subject. Among 4507 cases of cancer in females who were examined at the Vienna clinics in ten years he found only 50 cases of primary cancer of the vagina, or 1.1 per cent. It was most frequent between the ages of thirty and forty. Among the probable etiological factors were excessive childbearing and mechanical irritation, such as long-standing prolapsus and the wearing of pessaries. The disease appears under two forms—the cancroid and the diffuse scirrhous—and is usually located on the posterior wall. The initial symptoms are profuse leucorrhœa, which later becomes a foul watery discharge, and irregular hemorrhages during coitus and defecation. Later, pain and vesical symptoms appear. The portio and external genitals are involved late, if at all, but the lymph-glands are usually affected. Metastases are rare; among the whole number of cases analyzed there were only two of general carcinosis. Death is due to exhaustion. It is sometimes difficult to distinguish primary cancer of the vagina from disease originating in the portio; condyloma, sloughing fibrous polypus and sarcoma are distinguishable microscopically. The only treatment is radical removal with knife, scissors, or sharp spoon, followed by thorough cauterization. Cæsarean section has been performed on account of obstruction due to cancer of the vagina, but with bad results, only two patients having been saved out of twelve.

The Diagnosis of Non-puerperal Abscess of the Ovary.

Rheinstein (*Archiv für Gynäkologie*, Band xxxix., Heft 2) thinks that acute inflammation of the ovary is rarely observed outside of the puerperal state. The follicular form described by Slavjansky, which occurs in acute exanthemata, possesses rather an anatomical than a clinical interest. The interstitial form is very seldom encountered, except in the puerpera, when it is practically impossible to distinguish it from localized peritonitis.

Olshausen admits that a probable diagnosis can be made only when the enlarged ovary can be felt and the pain localized in it. The writer believes that it is only possible when the gradual enlargement of the affected gland has been traced from the outset by the finger of the observer, all other inflammatory conditions in the same region having been excluded. It is doubtful if a positive diagnosis can ever be made before the abdomen is opened.

The following illustrative case is cited: An unmarried woman, æt. twenty-three years, had aborted in June, 1888, and recovered without sequelæ. In November, 1889, she was sick with acute rheumatism for a month and had leucorrhœa, but no other local trouble. In February of the same year she had a chill and fever at the beginning of a menstrual period, accompanied with pain in the left side. The fever persisted, and the pain became so severe that she was often unable to go about. When admitted to the hospital she had an evening temperature of 101.6°; her abdomen was tense but not sensitive on pressure, with the exception of slight tenderness in the left iliac region. To the left of the uterus could be felt an intra-pelvic tumor, as large as an apple, perfectly movable, its consistence being generally hard, but

with soft spots. The diagnosis of suppurative disease of the right adnexa was made, laparotomy was performed, and a pus sac was found so firmly adherent to the intestines that a considerable portion of it was left behind. The patient made a good recovery. On microscopical examination of the specimen remains of ovarian stroma were found, but no traces of ovisacs. This fact, together with the location of the abscess behind the broad ligament, indicated its origin.

The history of the case seemed to point to pyosalpinx, but the latter condition does not, as a rule, develop so rapidly; moreover, the tumor was unilateral, which is seldom the case with pyosalpinx. On vaginal examination the mass was felt to be circumscribed, and could not be traced outward from the cornu uteri. The pain and fluctuation in the mass were not characteristic. As regards the etiology, it might be referred to gonorrhœal infection, the virus having perhaps entered a ruptured ovisac during or just after menstruation and caused an abscess of the ovary before there was time for the development of a corresponding pyosalpinx.

[The writer's review of the literature of the subject has been superficial, else he would not have overlooked a number of cases of non-puerperal ovarian abscess that have been reported at the New York Obstetrical Society, especially at a recent meeting. The condition is certainly not so rare as he states. We are surprised that he makes no reference to the differential diagnosis of abscess of the ovary and perityphlitic abscess—which is frequently impossible, especially when the suppurating ovary is buried in coils of intestine high up in the pelvis, so that it cannot be felt *per vaginam*, and when the sac ruptures into the gut. We have had two cases in which, after careful observation, laparotomy was performed for appendicitis and revealed the presence of ovarian abscess.—ED.]

PÆDIATRICS.

UNDER THE CHARGE OF

JOHN M. KEATING, M.D.,
OF PHILADELPHIA;

A. F. CURRIER, M.D., OF NEW YORK, AND W. A. EDWARDS, M.D., OF SAN DIEGO, CAL.

THE USE OF STROPHANTHUS IN CHILDREN.

DEMME reports (*Jahrbuch f. Kinderheilk.*, xxxi., Nos. 1 and 2) that a 1:20 preparation of tincture of strophanthus produces a strengthening of the systolic contraction of the frog's heart somewhat less decided than is produced by digitalis. This effect can be sustained a long time by careful dosage, but as the dosage is increased the contractile force diminishes and gradually a cessation in systole results. The toxic effect of strophanthus on the heart-muscle may occur unexpectedly and more suddenly than with digitalis, hence the necessity of great caution in administering the drug to